

APPLICANT(S): Ferguson et al.

EXAMINER: C.S. Williams

SERIAL NO.:

09/892,593

GROUP:

Art Unit 3763

FILED:

June 27, 2001

DATED: March 21, 2006

FOR:

SAFETY SHIELD FOR MEDICAL NEEDLES

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity under 37 C.F.R. §1.9 and 1.27 is enclosed.
- No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS*	30	93	0	x 25 =	\$0	x 50 =	\$0
INDEPENDENT CLAIMS	4	5	0	X 100 =	\$0	x 200 =	\$0
[] First Presentation of Multiple Dep. Claim				180		+ 360	\$0

^{*} If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop: AF, Commissioner of Patents, P.O. 1450, Alexandria, VA 22313-1450 on March 21, 2006.

Dated: March 21, 2006

^{**} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed

- [] Please charge Deposit Account No. <u>50-2140</u> in the amount of \$_____. Two (2) copies of this sheet are enclosed.
- [X] A check in the amount of $\frac{120.00}{1}$ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. "1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

Christyle, G. Truis

Christopher G. Trainor

Reg. No. 39,517 Attorney for Applicant(s)

CARTER, DELUCA, FARRELL& SCHMIDT, LLP

445 Broad Hollow Road Suite 225 Melville, N.Y. 11747 (631) 501-5700 (631) 501-3526 - fax